

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Assisted Living Federation of America

ADDRESS (number and street) ▼

1650 King Street

Suite 602

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00338020

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
11 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
11 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Maribeth Bersani

Signature of Treasurer

Ms Maribeth Bersani

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
12 18 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
11		01		2013

To:

M M	/	D D	/	Y Y Y Y Y
11		30		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2013</div>		<div>338882.41</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>473816.62</div>	
(c) Total Receipts (from Line 19) .....	<div>1631.39</div>	<div>256019.90</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>475448.01</div>	<div>594902.31</div>
7. Total Disbursements (from Line 31).....	<div>29244.55</div>	<div>149398.85</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>446203.46</div>	<div>445503.46</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
11	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y
11	/	30	/	2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1228.00

200071.38

(ii) Unitemized .....

33.56

31721.20

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1261.56

231792.58

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

1261.56

241792.58

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

369.83

4577.32

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

9650.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1631.39

256019.90

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

1631.39

256019.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	244.55	4048.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	244.55	4048.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	144500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	850.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29244.55	149398.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29244.55	149398.85

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1261.56	241792.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1261.56	240942.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	244.55	4048.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	369.83	4577.32
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-125.28	-528.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Christopher Belford**

Mailing Address 1421 Shady Hollow Ct

City State Zip Code  
 Keller TX 76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living-NA

Occupation

Senior VP of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1395.00

Date of Receipt

11 / 06 / 2013

**Transaction ID : C2461114**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Christopher Belford**

Mailing Address 1421 Shady Hollow Ct

City State Zip Code  
 Keller TX 76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living-NA

Occupation

Senior VP of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1395.00

Date of Receipt

11 / 25 / 2013

**Transaction ID : C2498197**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. John Cincotta**

Mailing Address 22315 6th Ave S  
 B-304

City State Zip Code  
 Des Moines WA 98198-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus

Occupation

SVP of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

11 / 06 / 2013

**Transaction ID : C2461115**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Caroline Cline

Mailing Address 7958 E. Journey Lane

City State Zip Code  
 Scottsdale AZ 85255

FEC ID number of contributing federal political committee.

C

Name of Employer

Emeritus Senior Living-n/a

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 06 2013

Transaction ID : C2461129

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Caroline Cline

Mailing Address 7958 E. Journey Lane

City State Zip Code  
 Scottsdale AZ 85255

FEC ID number of contributing federal political committee.

C

Name of Employer

Emeritus Senior Living-n/a

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 25 2013

Transaction ID : C2498202

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Pamela Engle

Mailing Address 6801 NE 204th St  
#206

City State Zip Code  
 Kenmore WA 98028

FEC ID number of contributing federal political committee.

C

Name of Employer

Emeritus Senior Living

Occupation

VP Benefits &amp; Comp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 06 2013

Transaction ID : C2461116

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Lisa Fordyce**

Mailing Address 5449 Rosewick Dr

City State Zip Code  
Dublin OH 43016-8393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emeritus Senior Living, Inc.-Midwest

Occupation  
VPO Midwest Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 06 / 2013

**Transaction ID : C2461117**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Lisa Fordyce**

Mailing Address 5449 Rosewick Dr

City State Zip Code  
Dublin OH 43016-8393

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emeritus Senior Living, Inc.-Midwest

Occupation  
VPO Midwest Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 25 / 2013

**Transaction ID : C2498198**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Steve Johnson**

Mailing Address 2700 Lawndale Dr

City State Zip Code  
Plano TX 75023-7926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Five Star Quality Care, Inc.-N/A

Occupation  
Divisional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 08 / 2013

**Transaction ID : C2482909**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Steve Johnson**

Mailing Address 2700 Lawndale Dr

City  
Plano

State  
TX

Zip Code  
75023-7926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Five Star Quality Care, Inc.-N/A

Occupation

Divisional Vice President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 22 / 2013

**Transaction ID : C2497903**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Jyl Pruss**

Mailing Address 831 Greenwood Dr

City

Lindenhurst

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living

Occupation

National Dir of HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 06 / 2013

**Transaction ID : C2461130**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Sylvia Rocker**

Mailing Address 4046 Saint Christopher Ln

City

Dallas

State

TX

Zip Code

75287-6449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 06 / 2013

**Transaction ID : C2461110**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Sylvia Rocker**

Mailing Address 4046 Saint Christopher Ln

City State Zip Code  
 Dallas TX 75287-6449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emeritus Senior Living

Occupation  
 Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 25 2013

**Transaction ID : C2498193**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Liberty Stansberry**

Mailing Address 10031 Wallingford Ave N

City State Zip Code  
 Seattle WA 98133-9438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emeritus Senior Living

Occupation  
 Vice President of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 06 2013

**Transaction ID : C2461118**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Liberty Stansberry**

Mailing Address 10031 Wallingford Ave N

City State Zip Code  
 Seattle WA 98133-9438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emeritus Senior Living

Occupation  
 Vice President of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 25 2013

**Transaction ID : C2498199**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Steven C. Tarr**

Mailing Address 20214 NE 38th Ct

City

Sammamish

State

WA

Zip Code

98074-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

924.00

Date of Receipt

11 / 06 / 2013

**Transaction ID : C2461119**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Steven C. Tarr**

Mailing Address 20214 NE 38th Ct

City

Sammamish

State

WA

Zip Code

98074-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

924.00

Date of Receipt

11 / 25 / 2013

**Transaction ID : C2498200**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. Wendy Whitney**

Mailing Address 904 Hollyfax Circle

City

Atlanta

State

GA

Zip Code

30350-6248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus - The Gardens at Sandy Spring

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 06 / 2013

**Transaction ID : C2461139**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

193.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Wendy Whitney**

Mailing Address 904 Hollyfax Circle

City	State	Zip Code
Atlanta	GA	30350-6248

FEC ID number of contributing federal political committee.

C

Name of Employer  
Emeritus - The Gardens at Sandy Spring

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 25 / 2013

Transaction ID : C2498203

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

1228.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 18

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Assisted Living Federation of America**

Mailing Address 1650 King St  
Ste 602

City Alexandria State VA Zip Code 22314-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4577.32

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2013

Transaction ID : C2517962

Amount of Each Receipt this Period

369.83

Reimbursement For Credit Card Fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

369.83

369.83

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Assisted Living Federation of America

### A. SunTrust Bank

Category/  
Type

244.55

State:  District:

**B.**

Category/  
Type

State:  District:

**C.**

Category/  
Type

State:  District:

244.55

244.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Hoyer's Majority Fund**Mailing Address 499 S Capitol St SW  
Ste 414

City Washington State DC Zip Code 20003-4009

Purpose of Disbursement  
Contribution to FED Committee

Candidate Name

**Steny Hoyer**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2013

**Transaction ID : D149052**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Rand Paul Victory Committee**Mailing Address 1020 N Fairfax St  
Ste 201

City Alexandria State VA Zip Code 22314-1537

Purpose of Disbursement  
Contribution to FED Committee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2013

**Transaction ID : D150682**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. KLINE FOR CONGRESS**

Mailing Address 101 W Burnsville Pkwy Suite 104

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
Contribution to FED committee

Candidate Name

**Rep. John Kline**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2013

**Transaction ID : D150409**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00
---------

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

**A. GRAVES FOR CONGRESS**

Mailing Address 2345 Grand, Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement  
Contribution to FED committee

Candidate Name

Rep. Sam Graves

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2013

Transaction ID : D150411

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. ROCK CITY PAC**

Mailing Address 1015 Stonebridge Park Drive

City	State	Zip Code
Franklin	TN	37069

Purpose of Disbursement  
Contribution to FED committee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2013

Transaction ID : D150410

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City	State	Zip Code
MELBOURNE	FL	32935

Purpose of Disbursement  
Contribution to FED committee

Candidate Name

Sen. Bill Nelson

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2013

Transaction ID : D150406

Amount of Each Disbursement this Period

2500.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

10000.00
----------

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. BOB CASEY FOR SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2013

Mailing Address 700 13TH STREET NW SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Contribution to FED committee

Candidate Name

**Sen. Bob Casey**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

Category/  
Type**Transaction ID : D150681**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. TEXANS FOR SENATOR JOHN CORNYN INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2013

Mailing Address PO BOX 13026

City	State	Zip Code
AUSTIN	TX	78711

Purpose of Disbursement  
Contributions to FED committee

Candidate Name

**Sen. John Cornyn**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 00

Category/  
Type**Transaction ID : D150408**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. PORTMAN FOR SENATE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2013

Mailing Address 9856 ARCHER LANE

City	State	Zip Code
DUBLIN	OH	43017

Purpose of Disbursement  
Contribution to FED Committee

Candidate Name

**Sen. Rob Portman**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 00

Category/  
Type**Transaction ID : D150480**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Assisted Living Federation of America

## A. COLLINS FOR SENATOR

Date of Disbursement

Transaction ID : D150407

Amount of Each Disbursement this Period

Category/  
Type

Sen. Susan Collins

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

2500.00

**B.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

2500.00

**TOTAL** This Period (last page this line number only).....

29000.00